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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 10/615,727 07/09/2003
 which is a DIV of 09/693,272 10/20/2000 PAT 6,610,091
 which claims benefit of 60/160,891 10/22/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>M</i>				

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TITLE

Facet arthroplasty devices and methods

FILING FEE RECEIVED 611	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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